



PUBLIC PROTECTION CABINET

Steven L. Beshear
Governor

Department of Insurance
P. O. Box 517
Frankfort, Kentucky 40602-0517
800-595-6053
<http://doi.ppr.ky.gov/kentucky>

Robert D. Vance
Secretary

IRS NO. _____

NAIC NO. _____

(Name of Fraternal Benefit Society)

organized under the laws of the State of _____
and located in the City of _____, hereby makes application for a
Certificate of Authority in the Commonwealth of Kentucky to transact the business of insurance
for _____ Life, _____ Health, or _____ Life and Health as permitted in Chapter 304
Subtitle 29 of the Kentucky Revised Statutes for the period beginning May 1 of the current year
through April 30 of the following year.

Signed this _____ day of _____, 20_____

By: _____
(Name)

(Title)